

**STRUCTURAL PEST CONTROL BOARD**

1418 HOWE AVENUE, SUITE 18 SACRAMENTO, CA 95825

Telephone Numbers:

Examination/Licensing /Records Storage (916) 561-8704

FAX (916) 263-2469

www.pestboard.ca.gov

**REQUEST FOR CHANGE OF QUALIFYING MANAGER****FEE \$25****FOR BOARD USE ONLY**

				Cashiering No.	
				Checked by:	Effective Date
Company Name				Principal Registration No.	
Address		City	State	Zip	Phone No.
Former Qualifying Manager				License No.	
New Qualifying Manager				License No.	
<i>I hereby certify under the penalty of perjury under the laws of the State of California that I have disassociated from the above company effective.</i>					
Signature				Date	
Please do the following with my license. <input type="checkbox"/> inactive <input type="checkbox"/> cancel <input type="checkbox"/> employee of this company <input type="checkbox"/> employee of a different company (If changing employment, complete & attach a transfer of employment form.)					
<i>I hereby accept responsibility as qualifying manager of the above company effective _____.</i>					
Signature				Date	
License No. _____ Branch Qualifying _____					
<i>I hereby certify under the penalty of perjury under the laws of the State of California that this change of qualifying manager is not for the purpose of defrauding creditors, or any other person or persons for circumventing the provisions of the Business and Professions Code of California or any other law of the United States, State of California or any political subdivision thereof.</i>					
Print Name	Signature		Title		Date
<i>A partnership application must be signed by each partner.</i>					
<i>A corporate application must be signed by an officer of the corporation, a share holder and each qualifying manager.</i>					